



**III. OPERATION INFORMATION**

Is there any discharge of wastewater to surface waters?  
 Yes                                       No

**Note: If yes, the Facility should not continue this application and should contact the department for a different application.**

Standard Industrial Classification (SIC) and North American Industry Classification System (NAICS) codes which best describe the facility operations.  
 (List information below in decreasing order of importance)

SIC Code	SIC Description	NAICS Code	NAICS Description

Provide a description of all operations at this facility, including primary products or services. (Attach additional sheets, if necessary):

Please indicate below which of the following primary metal finishing operations are present at the facility. **Note: If no primary metal finishing operation is present at the facility, the facility should not continue with this application and should instead contact the department to determine which application to use.**

<input type="checkbox"/> Electroplating	<input type="checkbox"/> Coating (Chromating, Phosphating, and Coloring)
<input type="checkbox"/> Electroless Plating	<input type="checkbox"/> Chemical Etching and Milling
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Printed Circuit Boards Manufacturing

Please indicate below which of the following ancillary metal finishing operations are present at your facility

<input type="checkbox"/> Cleaning	<input type="checkbox"/> Flame Spraying	<input type="checkbox"/> Thermal Infusion	<input type="checkbox"/> Machining
<input type="checkbox"/> Sand Blasting	<input type="checkbox"/> Salt Bath Descaling	<input type="checkbox"/> Grinding	<input type="checkbox"/> Other Abrasive Jet Machining
<input type="checkbox"/> Solvent Degreasing	<input type="checkbox"/> Polishing	<input type="checkbox"/> Electric Discharge Machining	<input type="checkbox"/> Paint Stripping
<input type="checkbox"/> Tumbling	<input type="checkbox"/> Electrochemical Machining	<input type="checkbox"/> Painting	<input type="checkbox"/> Burnishing
<input type="checkbox"/> Electron Beam Machining	<input type="checkbox"/> Electrostatic Painting	<input type="checkbox"/> Impact Deformation	<input type="checkbox"/> Laser Beam Machining
<input type="checkbox"/> Electropainting	<input type="checkbox"/> Pressure Deformation	<input type="checkbox"/> Plasma Arc Machining	<input type="checkbox"/> Vacuum Metalizing
<input type="checkbox"/> Shearing	<input type="checkbox"/> Ultrasonic Machining	<input type="checkbox"/> Assembly	<input type="checkbox"/> Heat Treating
<input type="checkbox"/> Sintering	<input type="checkbox"/> Calibration	<input type="checkbox"/> Thermal Cutting	<input type="checkbox"/> Laminating
<input type="checkbox"/> Testing	<input type="checkbox"/> Welding	<input type="checkbox"/> Hot Dip Coating	<input type="checkbox"/> Mechanical Plating
<input type="checkbox"/> Brazing	<input type="checkbox"/> Sputtering	<input type="checkbox"/> Soldering	<input type="checkbox"/> Vapor Plating

Date Facility Operations Started:

Date Metal Finishing Operations Started:

Does and/or will this facility discharge any wastewater other than restrooms to the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note: If no, the facility should not continue with the application. An Industrial Pretreatment Permit is not required.</b>			
Receiving POTW			
Describe outfall discharge points below			
Discharge Point	Description of Wastewater Discharged (Process, Domestic, etc.)	Average Flow (gpd)	Batch or Continuous Discharge
Schematic Flow Diagram: For each major activity in which wastewater is or will be generated, draw diagram of the <b>flow of materials, products, water, and wastewater</b> from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream. Show all water meters, storm drains, sanitary sewer service lines, public sewers, and existing or proposed sampling locations. <b>Attach the schematic flow diagram to the Application.</b>			
Describe any wastewater pretreatment operations			
Are any solids (sludge) produced during wastewater treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If above is yes, are the solids (sludge) considered hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any solids (sludge) treatment and/or disposal below, if applicable.			

IV. DISCHARGE CHARACTERISTICS
Is the Facility currently submitting Discharge Monitoring Reports (DMRs) to NDDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Toxic Organic Management Plan (TOMP) been developed and approved by NDDEQ? <input type="checkbox"/> Yes <input type="checkbox"/> No
All applicants must complete <b>Application Appendix A</b> to indicate if the chemical components are present or absent in the discharge. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the Safety Data Sheets (SDS) for such products.

**V. WATER SUPPLY**

Water Sources (*select all that apply*)  
 Private Well                       Surface Water                       Municipal Water Utility                       Other (specify)

If Municipal Water is used provide Utility Name (*as listed on water bill*)

Street Address

City	State	Zip Code
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List Facility's Average Water Usage (*new facilities may estimate*)

	Water Use Type	Average Water Usage (gpd)	Indicate Estimated (E) or Measured (M)
a.	Contact Cooling Water		
b.	Non-Contact Cooling Water		
c.	Boiler Feeding		
d.	Process		
e.	Sanitary		
f.	Air Pollution Control		
g.	Contained In Product		
h.	Plant And Equipment Washdown		
i.	Irrigation And Lawn Watering		
j.	Other (Specify)		
k.	Total		

**VI. POTW INFORMATION**

Is the Facility connected to the municipal sanitary sewer system?  
 Yes                       No

Describe each discharge pipe or discharge point which connects to the City's POTW (*enter information below*)

Discharge Point or Discharge Pipe	Size	Descriptive Location	Average Flow (gpd)

**VII. OTHER INFORMATION**

Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided below.

NDPDES (Stormwater, etc.)

UIC (Underground Injection of Fluids)

<input type="checkbox"/> RCRA (Hazardous Wastes)
<input type="checkbox"/> Air Quality
<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Other (specify)
List other information which you feel should be brought to the attention of NDDEQ regarding the issuance of permit coverage under the General Permit for Metal Finishing Industrial Users ( <i>attach additional information, if necessary</i> ).

<b>VIII. CHECKLIST FOR A COMPLETED APPLICATION (PLEASE CHECK)</b>
<input type="checkbox"/> Application Form (5 Pages)
<input type="checkbox"/> Schematic Flow Diagram
<input type="checkbox"/> Discharge Monitoring Data
<input type="checkbox"/> Map of Facility

<b>IX. SIGNATURE</b>					
<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Dept. of Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324  Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Printed Name of Applicant(s)</td> <td style="padding: 5px;">Title</td> </tr> <tr> <td style="padding: 5px;">Signature of Applicants(s)</td> <td style="padding: 5px;">Date</td> </tr> </table>	Printed Name of Applicant(s)	Title	Signature of Applicants(s)	Date
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